## **Emergency Notification Form**

The Emergency Notification form is required to be filled out at least daily and updated when conditions change. This form is in addition to a notification call to the Missouri Public Service Commission. Fax this form to 573-751-1847.

SAMPLE

DATE\_\_\_\_\_REPORT NO.\_\_\_\_

## MISSOURI PUBLIC SERVICE COMMISSION EMERGENCY REPORT

disaster unless otherwise ac stage of the disaster, enter "	the Missouri Public Service Commission Staff. If que unknown". Additional sheets should be ic (confidential information should be	estions cannot be answered at this be used if necessary. This information
TO PSC:	Name:	Dept.:
	Telephone:	FAX:
FROM COMPANY:	Name:	Utility:
	(Person filling out report)	(Name of Company)
	Telephone:	FAX:
ELECTRIC – GAS	Type of Utility Service Being Reported  - SEWER – TELCOMMUNICATIONS – WA	
houses, water supply statior outages):		itutions such as hospitals, city halls, court ons, police stations and other critical
Anticipated future disruption		
Extent of physical damage to	o utility system due to emergency:	
Type of equipment, coordinate	ation or assistance needed from the C	Commission or its staff:
status of your utility as it rela alternate means of providing	ates to the emergency, including meas	information regarding the emergency or the sures to prevent disruption of service, en, public service announcements, etc. Also